

## CLAIMS ONLY

Application Number

Filing Date

10/62928D

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51					
2				/			52					
3					/		53					
4					/		54					
5						/	55					
6						/	56					
7						/	57					
8						/	58					
9			/				59					
10				/			60					
11			/				61					
12							62					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend			8				Total Depend					
Total Claims			11				Total Claims					